

33. *Enormous Distension of the Bladder.*—Dr. SCHNEIDER regards the following case as unique in the amount of urine contained in the distended bladder. The patient, aged 63, was brought into the hospital at Bern 11th May, with symptoms of general dropsy, from which he had suffered for some time. Although the examination of the condition of the abdomen was difficult on account of the œdematous state of its parietes, and the patient was stated to have passed urine since his admission, yet the shape of the tumefaction present seemed to indicate its being produced by a distended bladder. The catheter was, therefore, introduced, and a large stream of urine flowed out in astonishing quantity, no less than 21 Swiss *schoppen* (8 litres, or 14 English pints) being withdrawn. After twelve hours, 9 other *schoppen* were removed, and in the evening 4 more, making altogether 34 *schoppen*, or more than 22 English pints in the twenty-four hours. On subsequent days, lesser quantities were withdrawn, and the man died on the 25th. At the autopsy, there were found two large lateral diverticula in the bladder, directed backwards, and giving the organ much the appearance of a bishop's mitre. No mechanical hindrance whatever to the exit of the urine, in the shape of stricture or enlarged prostate, existed. The coats of the bladder were rather thin, and the ureters moderately dilated; the kidneys were somewhat larger, and their pelves more dilated than normal. There was dropsical effusion into the chest and brain. Dr. Schneider attributes the retention in this case to weakened muscular power occurring in an old and phlegmatic subject.—*B. & F. Med.-Chir. Rev.*, April, 1864, from *Schweizerische Zeits.*, vol. ii. p. 453.

34. *Causes of Death after the Operation of Lithotomy.*—Mr. HOLMES COOTE makes (*Lancet*, Jan. 16, 1864) some interesting remarks on this subject. He observes that "A very remarkable statement, bearing on the question of mortality, has been made by a gentleman named Wise.<sup>1</sup> He asserts that the irritation of the wound by the urine flowing over it is the cause of death in two-thirds of the fatal cases. And he suggests as a means of avoiding such dangers—first, the evacuation of the urine before the operation, and its substitution by muciilage; secondly, the drainage of the bladder by a gutta-percha syphon fastened in the wound; the syphon to contain a cotton wick, which is to remove the urine from the bladder by capillary attraction. The source of danger is, I believe, mostly hypothetical, and the means taken to remove it would, in all probability, prove irritating and in every way injurious. These cases do best, *cæteris paribus*, in which the escape of urine from the wound is free after the operation. The surgeon is not wholly devoid of anxiety when the urine escapes entirely by the urethra immediately after the operation. He knows that swelling has taken place, and has brought the edges of the wound in contact. Under these circumstances the infiltration of urine into the areolar tissues is a possibility.

"The writers of the preceding age seem to have entertained a just appreciation of the dangers proceeding from hemorrhage after the operation of lithotomy. 'I cannot say,' remarks Mr. Samuel Cooper, 'that it has ever fallen to my lot to see any cases (out of the great number which I have seen) in which death could be imputed to hemorrhage. Notwithstanding, the bleeding has often been so profuse, and from so deep a source, just after the operation, as to create suspicion that it proceeded from the internal pudendal artery. Such hemorrhage generally stopped before the patient was got to bed.'<sup>2</sup> Hemorrhage may be immediate, or may supervene from eight to twelve days after the operation. In the first instance it follows the wound of some considerable artery; in the second it is usually consequent on the separation of a small slough involving the walls of some vessel. I have known death to ensue from hemorrhage, but the occurrence is very rare. \* \* \*

"I saw very many years ago a second case, in which death ensued from hemorrhage the day following the operation. The pudic artery was untouched. The

<sup>1</sup> *Edinburgh Medical Journal*, March, 1859.

<sup>2</sup> *Surgical Dictionary*, p. 847.

source of the bleeding was doubtful. There are several anatomical peculiarities which favour the occurrence of this accident: one of the most dangerous is that in which a large pudic artery runs from the interior of the pelvis under the pubic arch, and by the side of the prostate.

"It is a fallacy to say, 'the heavier the stone the greater the danger.' But we are justified in affirming that the larger the stone the greater is the amount of stretching of the parts at the neck of the bladder, and the more considerable the risk of subsequent inflammatory mischief. Mr. Lawrence lately removed from the bladder of a *female*, without making any incision, a stone weighing one ounce and five-eighths. The patient recovered without a bad symptom. The danger attending the extraction of such a stone in the male would have proceeded from the mechanical effects of its extraction, not from its size.

"Most authors agree that renal disease is at all ages most commonly the remote cause of death, and associated with it we may include peritonitis. Pelvic cellulitis from escape of urine is an accident of not very common occurrence, and is due to accident as much as want of skill. Shock from causes unexpectedly prolonging the operation may likewise be a cause of death. Perhaps the most common cause of death is the shock of the operation to a person suffering from organic disease of the kidneys. The first patient whom Mr. Erichsen cut in University College Hospital died from this cause. The 'kidneys were found extensively disorganized, though the urine had contained but a moderate amount of albumen.' A similar case occurred lately in the practice of one of my colleagues.

"In some parts of India—namely, in the northwestern provinces, where disease of the kidney is rare—the operation for the removal of the stone is seldom followed by a fatal result. A professional friend in the public service told me that he had operated nearly three hundred times, and that he had lost under a dozen patients. Another medical officer confirmed the statement, but added that the death-rate became higher when these people were removed to the lower part of Bengal.

"In November, 1863, Mr. Henry Thompson related the particulars of a case in which the lateral operation of lithotomy was performed on a delicate child whose pelvis had undergone great alteration in shape from rickets. The stone could be felt upon pressure through the abdominal parietes, lying in the bladder; but the pelvic outlet was much reduced in size. Death ensued from the shock of a prolonged operation. The question was raised, whether the high operation would not have been preferable; also, whether it would not have been well to have crushed the stone with a lithotrite, introduced by the wound in the perineum, as soon as its size in relation to the pelvic outlet had been ascertained. But in every way the case is important as showing another source of danger, to which sufficient attention has not hitherto been directed."

## OPHTHALMOLOGY.

35. *Sympathetic Ophthalmia successfully Treated by Iridectomy.*—M. TAVIGNOR has been led to resort to iridectomy for the cure of sympathetic ophthalmia, and he claims (*Revue de Thérapeutique*, March 15, 1864) to have successfully treated one case by this operation. The subject of it was a girl, 11 years of age, who had lost her right eye in consequence of puncture with scissors, and in whom sympathetic iritis became developed in the left eye five weeks after the accident. M. T. excised about a third of the iris at the external portion from the pupil to the external circumference of the iris. The cure, he states, was as complete as possible.

36. *Atropized and Calabarized Gelatine.*—Messrs. Savory and Moore, of London, have prepared this article according to the direction of Mr. Ernest